

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Vol. 11 # 33

This return should preferably be made
by the person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. 2091

Place of Birth Dos Cabezos
(Registration District)

County Cochise

No.

St.

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
<u>Female</u>			
DATE OF BIRTH* <u>November 20th</u> 192 <u>2</u>			
(Month) (Day) (Year)			
FULL* NAME	FATHER		
<u>Charles Boyd White</u>			
FULL* MAIDEN NAME	MOTHER		
<u>Jessie Kelly</u>			

I HEREBY CERTIFY that the child described herein has been
named

Doris Maurine White

(Give name in full)

(Surname)

Mrs Jessie White CB White
(Parent's signature)
[Signature]
(Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to county registrar.

County registrars must mail with original certificate on tenth day following month.

9-12-23

Corrections. none

Sept 7-1923 465-1120-128